



Office Use Only
Library Card Number:
10004: _____
Staff Initials: _____
Date: ____/____/____

About You		Sr Jr III other _____
Mr. Ms. Miss. Mrs.	Name: _____	
Driver's License #: _____	State Issued _____	Social Security Number _____ - ____ - _____
Gender (circle one): Male / Female	Are you a resident of the Norwich City School District? _____	
Birth Date (required): ____/____/____	Phone (____) _____ - _____	
Address: _____		
City: _____ State: _____ E-mail address _____		
County _____ Zip Code _____		
Indicate any other surname (last name) by which you are or have been known _____		

Employer	
Name: _____	
Address: _____	
City: _____ State: _____ Zip _____ Phone (____) _____ - _____	

Reference (required) <small>(friend or relative not living with you)</small>	
Name: _____	
Address: _____	
City: _____ State: _____ Zip _____ Phone (____) _____ - _____	

<p>I hereby agree to obey all the rules and regulations of Guernsey Memorial Library, and to promptly pay all late charges and fines charged against my card for the injury or loss of books and to give immediate notice of any change of address or phone number.</p> <p>Signature _____</p>
